

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. **3917**

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. **4381**

DEATH NO. 33 RESIDENCE 6	1. PLACE OF DEATH A. COUNTY Maricopa		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Graham		
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) Phoenix	C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 5y, 11m, 17d life	C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) Safford		
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Ariz. State Hospital		D. STREET ADDRESS (IF RURAL, GIVE LOCATION)		
DENT ONAL TA 152 3 751	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) L. B. (MIDDLE) Pearl C. (LAST) Cheney		4. SEX F	5. COLOR OR RACE white	
	6. MARRIED - - - - - NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH 7 DAY 27 YEAR 1898	8. AGE YEARS 52 MONTHS 11 DAYS 14	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). housewife	
	9B. KIND OF BUSINESS OR INDUSTRY home	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Safford, Ariz.	11. CITIZEN OF WHAT COUNTRY? U.S.	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)	
USE OF ATH A 18) 2	14A. FATHER'S NAME Melvin Griffin Montierth		15A. MOTHER'S MAIDEN NAME Wilda Packer		
	14B. BIRTHPLACE (STATE OR COUNTRY) Washington		15B. BIRTHPLACE (STATE OR COUNTRY) Unknown		
	16. INFORMANT'S SIGNATURE ARIZONA STATE HOSPITAL RECORDS		17. DATE OF DEATH (MONTH) July (DAY) 14 (YEAR) 1951		
TIONS, OPSY ATH TO RNAL ENCE 2	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Mitral insufficiency ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) hypostatic pneumonia DUE TO (c) senile debility II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. massive pulmonary TB.		
	19A. DATE OF OPERATION --		19B. MAJOR FINDINGS OF OPERATION since 1947?		
	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
ICAL ONER'S CATION 1	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY) --		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		
	21C. (CITY OR TOWN) (COUNTY) (STATE)		21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MIN) OF INJURY		
	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?		
ERAL CTOR ND TRAR 83	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 7-31 1951 TO 7-14 1951 THAT I LAST SAW THE DECEASED ALIVE ON 7-14 1951 AND THAT DEATH OCCURRED AT 11:30 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.				
	23A. SIGNATURE A. B. Moore M.D. (DEGREE OR TITLE)		23B. ADDRESS 2500 E. Van Buren		
	23C. DATE SIGNED 7-14-51				
ERAL CTOR ND TRAR 83	24A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE 7/15/51		
	24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Safford Arizona		
	25A. DATE REC'D BY LOCAL REG. 7/14/51		25B. REGISTRAR'S SIGNATURE Beulah Johnston		
26. FUNERAL DIRECTOR'S SIGNATURE Harry T. Forman		26. FUNERAL DIRECTOR'S ADDRESS Arizona Funeral Home			